

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>N</i>	<i>on</i>	<i>11/26/02</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>AS</i> <i>bit</i>	<i>SC95</i> <i>897</i>	<i>05-33-02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
1	<i>8/12/02</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/18/02  
10/22/02  
10/23/02  
10/24/02